

Best Available Copy

Claim	Date
Final	Original
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SYMBOLS

✓	Rejected
-	Allowed
(Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	Original
201	
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>89937120</u>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
10							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
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9							59					
10							60					
11							61					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50	1						100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 091937120	PILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
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6							56					
7							57					
8							58					
9							59					
10							60					
11							61	1	4			
12							62					
13							63					
14							64					
15							65					
16							66					
17	1						67					
18		1					68					
19	1	1					69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
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34	1						84					
35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1						96					
47	1						97					
48							98					
49							99					
50							100					
TOTAL IND.	62						TOTAL IND.					
TOTAL DEP.	1360						TOTAL DEP.					
TOTAL CLAIMS	178						TOTAL CLAIMS					